

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em; font-family: cursive;">10510965</div>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
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Total Indep			4							
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